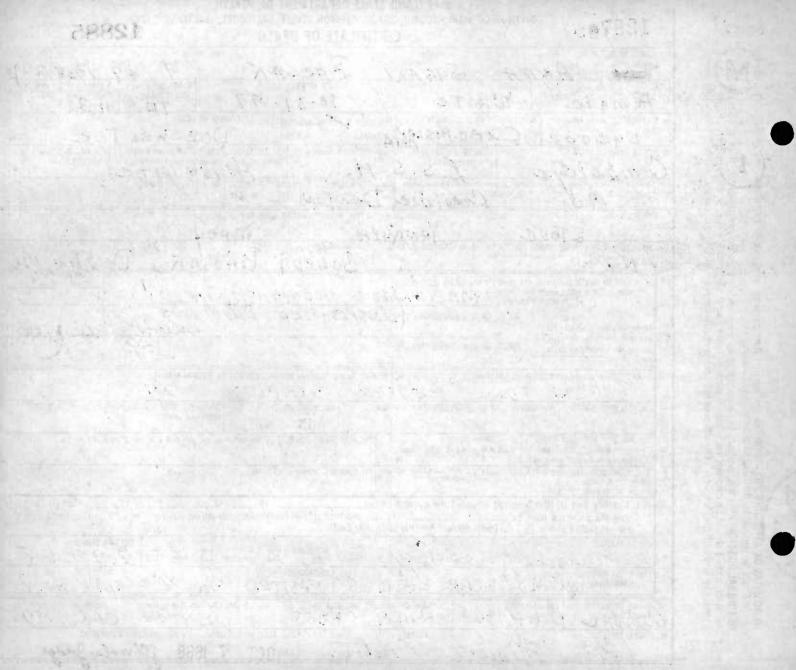
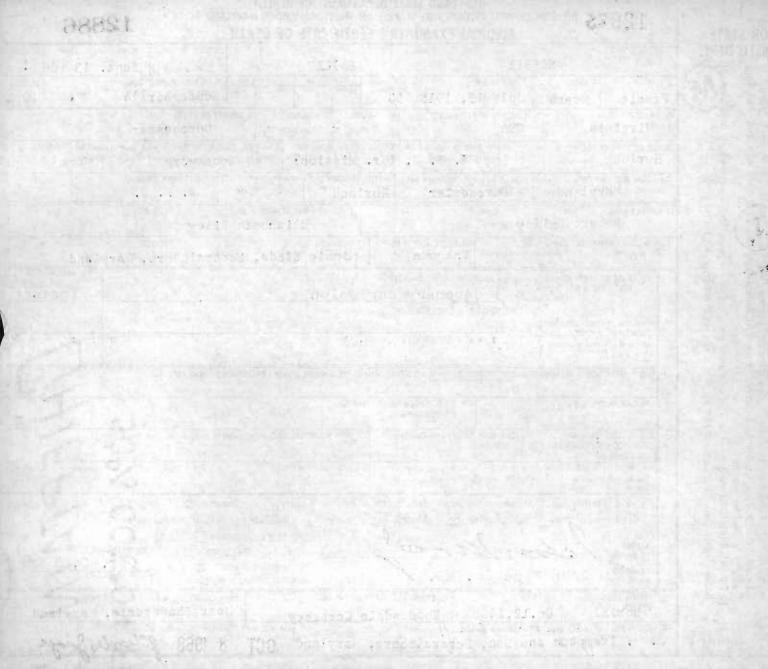
	1	MIARTLAND OF MICH DESCRIPTION OF REALTH
		1287 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CFRTIFICATE OF DEATH 12885
		CENTIFICATE OF PEATIT
# - 7 €		ECEASED-NAME First Middle Lost 20. DATE OF DEATH Doy Year 25. HOUR
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haurs after in by the (u rs. Pages h		10-31-11 10-31-11 10 YRS. 11 32
by by Pull	7o. I	BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
		"EUROPE CZECHOSTER WIDOWED DIVORCED DOECHES LEE Md.
Mithin 24 Milled in 13 Milled i	10. 0	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol during mast of warking life, even if retiged.)  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol during mast of warking life, even if retiged.)
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e in it		USUAL RESIDENCE (Where deceased lived, if institution: Residence before ission) STATE 13b. COUNTY 15b.
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and and remin any	14. 1	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
be in a se id in		STEVE YANKYEA MAEY
ATTENDING PHYSICIAN: The law requires that the death certificate be executed stained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and cample should be detached for use as the burial-transit permit. Then please remove continued be detached for use as the burial transit permit. Then please remove continued the State Dept. of Health priar to burial, crematian, ar remaval, and in any every that the State Dept.		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, na gor unknown) (If yes give war or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT  (C. C. C
phy en en j		NO SOSEM CHOSAN CENTIN, MA
ne death cer attending p permit. The		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
eath endi		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MALIGNAUT DEOPLASH OF
att att per jan,		159 X DUE TO, OR AS A CONSEQUENCE OF UNSPECIFIED DIGESTIVE
the the matic		Conditions, if ony, which gove isse to immediate cause (a), stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
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equires tha physician. signed by burial-tran		lost. (c)
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The law requires th attending physician has been signed by se as the burial-tra h priar to burial, cre	CERTIFICATION	CALICES OF DEATHS
r at e he h	ERTII	YES NO CASS OF DEATHS  21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)
JAN al o for for Hec		or contributing cause of death HOUR A.M. Month Day Year
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OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certifica ge 3 should be detached for led with the State Dept. af H		While Not while Not while Vortice Building, Etc. /
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Afte Des	13	sow the deceased glive on 19 and that in (my) (our) opinion death occurred on the date and hour and from the
OUTGO	100	couses stoted abave, (I) (we) (did) (did nat) view the bady after death.
A to D to the		22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
OR be be 3 led 1	111	Monard Higher good DEGREE PHYS. DIRECTOR PHYS. 4-17-60
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed.  Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplyte director, page 3 should be detached for use as the burial-transit permit. Then please remove car shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event,		22d. PHYSICIAN'S NAME (Type) DONALD AGGER KELLOGG EXSTERN SHORE STATE HOSP.
NOSI UNE ecta auld	236	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City or Town) (County) (Stote)
Pag Pag dire	6	DBURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City or Town) (County) (Stote)
VR A15 (MA)	24.	FUNERAY DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
30M REV. 1148		Allerant Morre Son Dentoz, DATE OCT 7 1968 Charles Judge

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12875. DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWN Manth Day First Lost 2b. HOUR (Type or Print) OF ESTI-DEATH MATED [X] Sept. 13 1968 delay is and 3 to AM3. Page BESSIE BAILEY ? M 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX 4. RACE S. DATE OF BIRTH 2d. HOUR 2, and PM3. 50 yr September 1914 Year 68 10 AM Female Negro July 13, 1918 the State Depor 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED 8. Give Poges 1, olong with farm country irginia USA Dorchester WIDOWED X DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY give street address) D. (Nr. Mission) during most of working life aven if retired.) Hurlock 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? deoth. 13e. STREET AND NUMBER odmission) Maryland 13b. Oblychester Hurlock R. F. D. YES NO X ofter 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle First Last First Robert Bailey Elizabeth Riley .hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, po or unknown) (If yes give war or dates of service) Unknown Minnie Slade, Federalsburg, Maryland File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion pending Instant event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise ta immediate cause (a), ony certificote should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 or removal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🗍 NO X pe 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Tawn County State factory, office building, etc.) may be retained for your FUNERAL DIRECTOR: Poge WHILE NOT WHILE AT WORK buriol, 22a. I certify that I taak charge af the remains described abave, held an Autopsy , Inspection X. Inquiry and in my apinian death resulted fram: Natural causes  $\mathbf{x}$ . Accident  $\mathbf{x}$ . Suicide  $\mathbf{x}$ . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Oct. 2, 1968 DEPUTY MEDICAL EXAMINER 5 may b TO FUNES Heolth John Mace Jr. MD. ADDRESS(Street, city, tawn, ar county) the 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) Near Rhodesdale, Maryland Oc.12,1968 Rhodesdale Cemetery 24. FUNERAL DIRECTOR / Grown Thamplane 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE J. J. Framptom and Son, Federalsburg, Maryland DATE CT VR A15ME (5) 1968



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12887 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME . Middle HEALTH DEPT. First 20. DATE KNOWN X Month 2b. HOUR (Type or Print) ESTI-Page with the Stote Department of Warren James Bradshaw DEATH MATED Sept 7 PM Iny delay in 2, and 3 the PM3. Pag IF UNDER 1 YEAR IF UNDER 24 HRS 2d. HOUR 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD Yeor 1968 1:20 White 8/25/22 116 YRS Male 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm country) WIDOWED [ DIVORCED [ U.S. Dorchester 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Cambridge-Md. Hospital during most of working life, even if retired.)

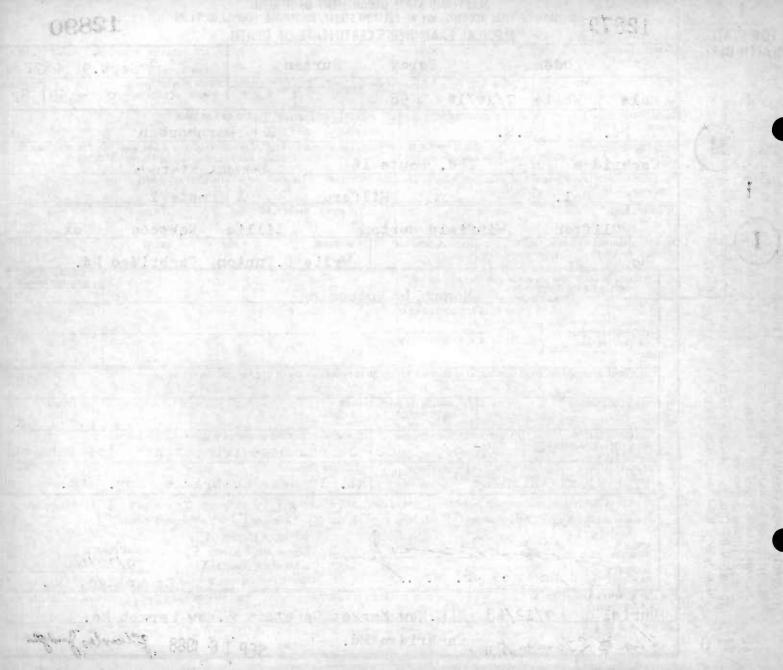
Carpenter INDUSTRY Cambridge 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN odmission) STATE 13b. Dorchester Beach Haven YES NOX 24 hours Office ofter Item, lond Middle 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Lost Bradshaw Beatrice Murphy Howard .= pages hours Exominer's 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS pencil (Yes, no, or unknown) Mrs. Warren Bradshaw R.D.E. New Market File . = within be executed 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH the Chief Medical PART I. DEATH WAS CAUSED BY pending Instant IMMEDIATE CAUSE (6) Fracture cervical vertebrae DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Conditions, if ony, which gove rise to immediate couse (o), writing the word should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . = should be forwarded to pup certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) OS removal used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES X NO T pe 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING cremation, EXAMINER: 19 68 Driverof car which overturned. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote factory, office building, etc.)
Highway FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK US Rt. 50 nr. Lindwood Md. pleose execute Dor 22a. I certify that I took charge of the remains described above, held an Autopsy |x|, Inspection . Inquiry , and in my apinian the funeral director. Natural causes , Accident x Suicide [ Hamicide Undetermined manner retoined death resulted frages CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 5 moy O FUNE Heolth John Mace Jr. ADDRESS(Street, city, town, or county) Cambridge, NAME (Type) Md. 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Dorchester Mem. Park Cambridge Dorchester Md. 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Cambridge Md.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120,1 12889 12878 CERTIFICATE OF DEATH Last Middle 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME First (Type or print) Bessie 09 4,30AM 3. SEX 4. RACE AGE (In years 1F UNDER 1 YEAR IF UNDER 24 HRS. within 24 haurs after HOURS 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages I with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs aft White Female. 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED campletely filled in Dorches 420 WIDOWED I DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY / 13d. INSIDE CIDE LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before executed odmission) STATE 13b. COUNTY YES 14. FATHER'S NAME Middle requires that the death certificate 160. WAS DECEASED EVER IN U.S. 6b. SOCIAL SECURITY NO 7. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) CAUSE OF DEATH (Enter only one cause per line for (a), (b); and (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATI IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause lost. 2191 X PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE SHIDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO 🔲 YES -21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased fram 6-26-, 1964, to 9-29-, 1968, that (1) saw the deceased glive an g = 2g = 1960, and that in (my) (our) opinion death occurred on the date and hour and from the directar, page 3 shauld should be filed with the causes stoted above, (1) (we) (did) (did nat) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR 22e\_ADDRESS 22d. PHYSICIAN'S NAME (Type) LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS VR A15 (A) 30M REV.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12890 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 20. DATE KNOWN 1. DECEASED-NAME First Middle Lost Month Doy 2b. HOUR Yeor (Type or Print) Oden Percy Burton 2, and 3 ta PM3. Page Sept.9 5 DEATH MATED Department 6. AGE (In years IF UNDER 24 HRS 4. RACE 3. SEX S. DATE OF BIRTH 2c. DATE PRONOLINCED DEAD 2d. HOUR 58 vi ,68 8P. 0 Doy White 7/10/10 Male MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH fice alang with farm Give Pages 1, country) Md. U.S. WIDOWED DIVORCED X Dorchester 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital after death 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Route 16 during most of working life, even if retired.) INDUSTRY Cambridge Service station 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER land 2 with 13b. COUNTY Milford YES NO TY Route 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Clifton Winfield Burton Lillie Rebecca Cox haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes\_no, or unknown) (If yes give war or dates of service) Wylie C.Burton Cambridge Md. within 72 This certificate shauld be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH shauld be farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Monoxide Poisoning DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) D remaval CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? necessary, please execute the certificate, YES 🗍 NO X pe crematian, ar 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld MEDICAL PRIMARY X OR CONTRIBUTING 19 68 Garden hose from exasst pipe into car CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK Rt. 16 Near Cambridge Md. Dor. 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry , and in my opinion Natural causes death resulted from: Suicide X Hamicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 may FO FUNE Health EXAMINER'S John Mace Jr. M.D ADDRESS(Street, city, town, or county) Cambridge, Md. 230. BURIAT, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) REMOVAL (Specify) Burial E. New Market Cemetery E. New Market Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Cambridge Md. VR A15ME



1		12880		DIVISION OF \	ITAL RECORDS,	301 W. PRESTON ST	REET, BALTIMO		201 128	391	ł
and		CEASED-NAME ype or print)	First		Middle	CERTIFICATE OF	:	20. DATE OF DEATH Septembe	r <sup>Doy</sup> 21	<b>1º96</b> 8	2b. HOUR
re de	3. SE	X	Har	4. RACE	н.	S. DATE OF B	IRTH	6. AGE (In year	ors IF UNDE	R I YEAR IF U	JA M INDER 24 HRS. URS MIN.
rs aft the Pages rs af		Male		White			.28,188		YRS. MUNTHS	DATS NO	JKS MIN.
24 haun d in by pers. 72 hou	cour	Md.		7b. CITIZEN OF WHA			RCED	COUNTY OF DEATH  Dorchest	er		Md.
cuted within 24 haurs after death	(	ity or town of dea	е	give st	Bound	STITUTION (If not in hospitol	during most	OCCUPATION (Kind of work of working life, even if re	done 12b. tired.) IND	KIND OF BUSI USTRY Shin	NESS OR
on the country event,	13o. odm	usual RESIDENCE (W ssion) STATE Md	here deceos	ed lived, if institution 13b COUNTY	n: Residence before	Cambridge	13d. INSIDE CITY LIMITS	7	Bounda	rv Av	70.
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ertificate bu physician nen please naval, and i	160. Y	es, no, arunknown)	(If yes give w	ar or dates of service)		8758 Mrs.	Conway			0	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple director, page 3 should be detached for use as the burial-transit permit. Then please retained by a should be detached for use as the burial, crematian, ar remayal, and in any event should be filed with the State Dept. af Health prior to burial, crematian, ar remayal, and in any event		PART I. DEATH  4339 Conditions, if ony, v	WAS CAUSEL IMMEDIA which gove	DUE TO, OR AS	o for (o), (b), ond (c	2A47H9	ROME	30515	4	APPROXIMATE BETWEEN ONSET  DA	AND DEATH
The law requires that attending physician. has been signed by the ast the burial-trans the prior to burial, crem		rise to immediate stating the underly lost.  PART 2. OTHER SIGN	ing couse	DUE TO, OR AS	A CONSEQUENCE OF	NOT RELATED TO THE TERMINA	AL DISEASE OR CON	DITION GIVEN IN PART 1(0)			
The law req attending p has been si se as the b th prior to by	TION	33 2 ×		CONDITION FOR WHIC				20b. IF YES, WERE FIN	DINGS CONSIDER	RED IN CERTIF	FYING
The I atter atter by the second of the principle of the p	CERTIFICATION					YES [	NO D	CAUSES OF DEATH?	yn,s i		
ICIAN: pital arrificate of for a	MEDICAL CI	21o. ACCIDENT WAS  or contributing [  (If either, notify me	CAUSE OF DEAT dicol exomit	HOUR A.M.	Month Doy Yeo	9		oture of injury in Port 1 or			
be has this ce detaches Dept.	W	21d. INJURY OCCURI While Not while at work ot work				ACTORY.) 21f. LOCATION Stre		City or Town	Cour		Stote
TO HOSPITAL OR ATTENDING PHYSICIAN:  Page 4 may be retained by the haspital ar  TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt		220. I certify the saw the de causes sta	not (I) (th eceased a ted abave	is hospitol) attendive an e, (I) (we) (did) (	nded the deceosed did not) view the	ed from 195 and thot in (n body after death.	ny) (our) opinio	z, to <u>9/2/</u> an death occurred an	, 19 <u>68</u> the date an	_, that (l) d hour and	(we) last I fram the
OR AI be reta DIRECTO		22b. SIGNATURE		fund	eg ) 2	M DEGREE PHYS.	DIRE DIRE	CTOR STAFF PHYS.	22c. DATE SI	GNED	68
SPITAI 4 may VERAL or, pa		22d. PHYSICIAN'S NAME (Type)	Wil	2.608	1BY SZ	M.D. 22e. AD	4-MB9	RIDGE	. 'M	70.	
D HO Page Fus direct	230	BURIAL, CREMATION, REMOVAL (Specify)		DATE 9/23/68		ridge Ceme		23d. LOCATION (City or Tow Cambride	,	,,	Stote)
VR A15 (4)	34	FUNERAL DIRECTOR	Car		ADDRES	Md. 21613	2So. REC'D BY R	REGISTRAR 25b. REG 2 6 1968 2	ISTRAR'S SIGNAT		IL.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120,1 12892 12881 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR Manth 25 Doy (Type or print) 68 Year 7:28M 09 WALTER DASHIELL TURPIN 3. 5EX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS burial-Iransit permit. Then please remave carban papers. Pages burial, crematian, ar remaval, and in any event, within 72 haurs after lost birthdoy) MONTHS HOURS 12-08-09 WHITE MALE 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) MARYLAND campletely filled in U.S.A. DORCHESTER WIDOWED [ DIVORCED [ 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
EASTERN SHORE during most of working life, even if retired.) **INDUSTRY** CAMBRIDGE STATE HOSP. 130, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE MARYLAND MERRY AVENUE 18b. COUNTY ROCK HALL YES [ NO X 14. FATHER'S NAME Middle First Middle Lost 15. MOTHER'S MAIDEN NAME First Last and DASHIELL HENRY DASHIELL MARGARET OR ATTENDING PHYSICIAN: The law requires that the death certificate be physician a 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, na, or unknown) HOSPITAL RECORDS attending p APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY erchrovarcular accident IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove: arteriosclerosis rise ta immediate cause (a). þ DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital ar attending physician. stoting the underlying couse signed last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been Health priar to acci dent far use as the 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year directar, page 3 shauld be detached 1 should be filed with the State Dept. af (If either, notify medical examiner) detached ( AT HOME, FARM, STREET, FACTORY, ) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while 22a. I certify that (I) (this hospital) attended the deceased from 1000mby 23, 1966, to 100mby 23, 1966, that (I) (we) lost saw the deceased alive on 500mby 23, 1967, and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the bady after death 22b. SIGNATURE ATTENDING .68. **STAFF** DIRECTOR PHY5. 22e. ADDRESS 22d. PHYSICIAN'S BARROSO EASTERN SHORE STATE HOSPITAL BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) DATE OCT 3

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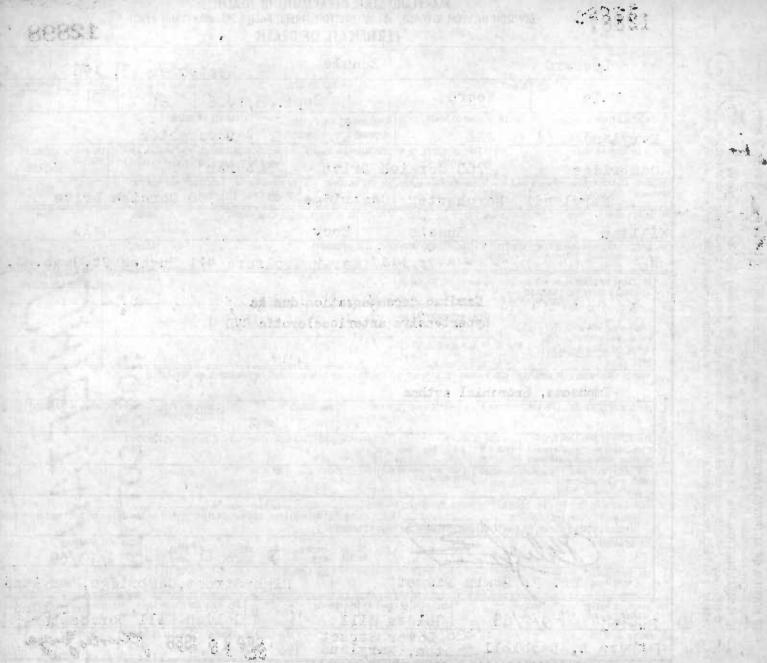
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10	mn z	DIVISION OF				RE, MARYLAND 21201	12	895
1.4	884		C	ERTIFICATE OF	DEATH			-00
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(Type or p	orint) HAT	TIE	FLORAN	CE FIL	244	Month /	Doy / 1907	M
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NO 10- 24			ICH OPERATION WAS PER			20b. IF YES, WERE FINDING		ERTIFYING
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	CIDENT WAS UNDERLYIN INTRIBUTING CAUSE OF DEAT		F IN3URY Month Doy Yeor	21c. HOW INJURY O	CCUKRED (Enter notu	re of injury in Port 1 or Port	2, Ifem 18.)	
(If eith	er, notify medical examin	ner) P.M.	19					
	JURY OCCURRED 21e.	PLACE OF INJURY	( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY,) 21f. LOCATION Str	eet or R.F.D. No.	City or Town	County	Stote
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22a.	certify that (I) (th	is haspital) att	ended the decease	from Januas	4 30, 19 65	, to Septemos 1) death accurred an the	19 68 , that	(I) (we) last
		live and	July Had 17 1	68, and that in (r	my) (aur) apinian	death accurred an the	date and haur	and fram the
		e, (I) (we) (did)	(did nat) view the b	ady after death.				
22b. SI	GNATURE Collaboration	En	A	M.D. ATTEND	DING - MED	C STAFF C	22c. DATE SIGNED	
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FOR STATE		12885 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12896
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20 DATE KNOWNED Month	Doy Yeor 2b. HOUR
N D 00 —	(	Type or Print) OLCUIA Ellen Elliott DEATH MATED 9	12 1968 5 3
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ecuted in additional Elemit. F		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  A Salisbury Maryland	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	ICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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3 5 5 CT		220. I certify that I tack charge of the remains described abave, held an Autapsy , Inspection , Inquiry	, and in my opinion
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o DEPUTY DIC necessary, please the funeral directands may be retained of FUNERAL DIRECT Health priar to but		EXAMINER'S NAME (Type) JOHN MACE JR. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	11/100
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OK	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
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	18. CAUSE OF PART I. D	DEATH (Enter only one cou EATH WAS CAUSED BY: IMMEDIATE CAUSE	use per line for (a), (b), and (c). (a) Multiple	ble metastase	2.5	70	NATE INTERVAL NSET AND PEATH DOTHS
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	≥ 21d. INJURY 0 While Nat	CCURRED 21e, PLACE OF	INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION Street or R.F.D. No	a. City or Town	County	State
the State Dept.	22a. I certi	fy that (I) (this hospine deceased alive an	tel) attended the deceose comber 1 e) (did) (did nat) view the	968, and that in (my) (our) op	inion death occurred on	19 <u>6</u> , that the dote ond hour	(I) (we) la and from th
shauld be filed with the	22b. SIGNATURI		Dawso	MD 1/	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED Scheme	9.68
d be file	22d. PHYSICIAN NAME (Ty		F. BARROS	22e ADDRESS	t. Hurlock	МЬ	
0)	230. BURIAL, CREMA	TION, 23b. DATE  Ty) Sept.	11,1968 Dor	CEMETERY OR CREMATORY Chester Memoria:	23d. LOCATION (City or Town		(State)
H. (6)	24 FUNERAL DIRECT	The Thor	ADDRESS	ridge, Md. DATE S	BY REGISTRAR 25b. REGI	SIGNATURE J	egge.

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Ì	14. F	ATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME		Last
		Walter	P.	Kirwan	Hatt		Robbins
I		WAS DECEASED EVER IN U.S. ARI es, ng, or unknown) (If yes give v	war ar dates of service)	o. SOCIAL SECURITY NO.	17. INFORMANT	Address	
		No	2	14-07-7562	Mrs. Walter	Kirwan Camb	ridge Md.
l		18. CAUSE OF DEATH (Enter on	nly ane cause per line fo				BETWEEN ONSET AND DEATH
63 7 1 1 1 X		PART I. DEATH WAS CAUSE IMMEDI	ATE CAUSE (a)	-REBRAL	4 emoklya G-E		FORM (NAL
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	CERTIFICATION				YES NO		
		21a. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF DEA		URY Nonth Day Yeor	21c. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Part :	2, Item 18.)
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		21 d. INJURY OCCURRED 21e. While Nat while at work of work	PLACE OF INJURY ( AT I	OME, FARM, STREET, FACTORY.) CE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	c. City or Town	Caunty State
		22a. I certify that (I) (th	is hospital) attend	ed the deceased fra	m May 22 , 196	10 Sept 17, inian death accurred an the	19 <b>68</b> , that (1) ( <del>440</del> ) last
		saw the deceased o	e, (I) (we) (did) (did	not) view the bady	, and that in (my) ( <del>our)</del> ap after death.	inian death accurred an the	date and haur and fram the
ı		22b. SIGNATURE			4	22	2c. DATE SIGNED
ı		Quald	R. Hude	llein	DEGREE PHYS.	MED. DIRECTOR PHYS.	9-19-68
		22d. PHYSICIAN'S			22e. ADDRESS		
		NAME (Type) Donald	R. McWill		Box 248	East New Market	. Md
	23o.		DATE	23c. NAME OF CEMETE		23d. LOCATION (City ar Town)	(County) (State)
			9/19/68		er Mem.Park	Cambridge I	Oorchester Md. R'S SIGNATURE
	24.	FUNERAL DIRECTOR	1 1 -	ADDRESS			
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1. DECASSISTANT   1. S. DATE OF DRATH   1. S. AGE (In years   1. Day   1.		DIVISIO	N OF VITAL RECORDS, 301		TIMORE, MARYLAND 212	
S. DATE OF SIRTH   Country   Mount   Day Year   S. DATE OF SIRTH   Country   Yes   S		12892		IFICALE OF DEATH		12905
3. SEX    A SEAL   A	1.		•	Lost		Day Year 2b. HOUR
70. BIRTHPLKE (Stole or foreign COUNTRY)  70. BIRTHPLKE (Stole or foreign COUNTRY)  70. BIRTHPLKE (Stole or foreign COUNTRY)  70. COUNTRY OF DEATH  11. MANE OF HOSPITAL OR INSTITUTION (If not in haspital give street address)  10. CITY OR TOWN OF DEATH  11. MANE OF HOSPITAL OR INSTITUTION (If not in haspital give street address)  11. MANE OF HOSPITAL OR INSTITUTION (If not in haspital give street address)  120. USUAL RESIDENCE (Wind of work dance of work give street address)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind of work dance of working life, even if refined.)  130. USUAL RESIDENCE (Wind		Joseph	ROBERT	7 60 9	9	15 1968 130A
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SUSUAL RESIDENCE (Whele, deceased live d, if institutions: Residence before—Tize CITY OR TOWN obtains sinife, even if retired.)   INDUSTRY	70 co	untry)	11 (1/7			M
13. SUSHAL RESIDENCE (Whole decosed dived, if institution: Residence before 12s. CITY OR TOWN   13d NORE (IT UMIST)   13e. STREET AND NUMBER   13b. COUNTY   13d. COUNTY	3 10.				most <u>af warking</u> life, even if ret	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   19. CAUSE (a)   19. CAUSE (b)   19. CAUSE (c)   19. CAUSE (c)   19. CAUSE (d)   1	7 ad	1. USUAL RESIDENCE (Where deceased lived, if	institution: Residence before 13c. C	ITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUME	
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Stating the underlying couse   Out 10, OR AS A CONSEQUENCE OF		Conditions, if ony, which gove	b) Hunti	ng tons con	ea	1959
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19a. Date of Operation   19b. Condition for Which operation was performed   20a. Autopsy?   20b. If yes, were findings considered in certifying causes of Death?   21a. Accident was underlying cause of Death?   21b. Time of Injury   21c. How injury occurred (Enter nature of injury in Port 1 or Port 2, Item 18.)   19   21d. Injury occurred (Injury in Port 1 or Port 2, Item 18.)   21d. Injury occurred   21d. In	8		(c)			
19a. Date of Operation   19b. condition for which operation was performed   20a. autopsy?   20b. If Yes, were findings considered in certifying causes of death?   21a. Accident was underlying   21b. time of injury   Hour A.M. Month Doy Year   19   21d. injury occurred   21b. time of injury   Hour A.M. Month Doy Year   19   21d. injury occurred   21b. time of injury in Port 1 or Port 2, frem 18.)   40a			NTRIBUTING TO DEATH BUT NOT RELA		RCONDITION GIVEN IN PART I(a)	
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Doy Year   19	NO	222 × 6/000	inal se	1 001	LODI IS VES MEDE SINE	NACE CONCIDENCE IN CENTURING
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Doy Year   19	) [	TYG. DATE OF OPERATION 196. CONDITION I	FOR WHICH OPERATION WAS PERFORM		CAUSES OF DEATING	DINGS CONSIDERED IN CERTIFYING
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Doy Year   19	TOTAL	21g ACCIDENT WAS LINDEDLYING LOLL	TIME OF INITIAL			Part 2 Itam 19 \
While at work of the deceased from 7 - 5 9, 19 , ta 9 - 15 - 18 19 , that (1) (we) saw the deceased alive an causes stated abave, (1) (we) (did) (dispot) view the bady after death.  22b. SIGNANTE  22c. PHYSICIAN'S NAME (Type) Stephen Town DEGREE PHYS.  23c. NAME OF CEMETERY OR CREMATORY DEGREE PHYSICIAN (State) PHYSICIAN (Specify) 9/17/68  23c. NAME OF CEMETERY OR CREMATORY Clayton, Rural, Kent. Del			R A.M. Month Doy Year	ZIC. HOW INJUKT OCCURRED (EN	iei noture of injury in Pon 1 of i	ron 2, nem 16.)
While at work of the deceased from 7 - 5 9, 19 , ta 9 - 15 - 18 19 , that (1) (we) saw the deceased alive an causes stated abave, (1) (we) (did) (dispot) view the bady after death.  22b. SIGNANTE  22c. PHYSICIAN'S NAME (Type) Stephen Town DEGREE PHYS.  23c. NAME OF CEMETERY OR CREMATORY DEGREE PHYSICIAN (State) PHYSICIAN (Specify) 9/17/68  23c. NAME OF CEMETERY OR CREMATORY Clayton, Rural, Kent. Del	AED IV	(If either, notify medical exominer)		21f LOCATION Street or D.F.D. A	lo Ciby Town	County State
22a. I certify that (a) (this haspital) attended the deceased fram	1	While Nat while	OFFICE BUILDING, ETC.	ZII. LOCATION SHEET OF K.P.D. N	chy ur ruwn	County State
causes stated abave, (I) (**) (did) (did of) view the bady after death.  22b. SIGNETURE  22c. ATTENDING DEGREE ATTENDING DIRECTOR DIRECTOR PHYS.  22d. PHYSICIAN'S NAME (Type) Stephen H Kunfman 22e. ADDRESS NAME (Type) Stephen H Kunfman 22e. ADDRESS Stephen Shou State Hosp (County) (State) Burlay (Specify) 9/17/68  23c. NAME OF CEMETERY OR CREMATORY Delackiston Cemetery Clayton, Rural, Kent. Del		at work at wark	() attended the decoased fro	m 7 -1 -6 0 10	to 4 - 15-1.	\$ 19 that (# (wa) la
226. SIGNETURE  226. PHYSICIAN'S NAME (Type) Stephen H Kunfnun DEGREE PHYS.  226. ATTENDING DIRECTOR DIRECTOR PHYS.  226. ADDRESS NAME (Type) Stephen H Kunfnun Casten Shou State Hosy  230. BURIAL, CREMATION, BURIAL, CREMATION, BURIAL, CSEMETERY OR CREMATORY Blackiston Cemetery  231. Deal Control (County) (Stote)  232. NAME OF CEMETERY OR CREMATORY Clayton, Rural, Kent. Del	1	saw the deceased alive an_ causes stated abave, (I)	(did) (did) (view the bady	_, and that in (my) ( ) a after death.	pinian death accurred an t	the date and haur and fram th
22d. PHYSICIAN'S Skyhen H Kurfman 22e. ADDRESS NAME (Type) Skyhen H Kurfman 22e. ADDRESS Shore State Hosy 23d. BURIAL, CREMATION, BURIAL, CREMATION, BURIAL (Specify) 9/17/68 Blackiston Cemetery Clayton, Rural, Kent. Del		22b. SIGNASI RE	(aumon)	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	9-15-68
Burria (Specify) 9/17/68 Blackiston Cemetery Clayton, Rural, Kent. Del			11 10 0		n Shore So	tate Hosp
	23	o. BURIAL, CREMATION, 23b. DATE 9/17/68				
The state of the s	1 24	. FUNERAL DIRECTOR	ADDRESS			STRAR'S SIGNATURE

MAKYLAND STATE DEPARTMENT OF HEALTH

3000 MANEET BARK TO A TOSAIN HOLEAL CEL EL GO MSN MSN and pross Kind the 19th 19th France - applied and Encentron Sud friends Comment of the second Harrison -The political such a will be my source service SOM Manny M Lew 19/1/2/19 24 Hosman Sas Wall 201 carnetist Lord bier o 9-14-68 Strikes of Kantoners Stephens H Konfinans Castern Shees State Hosp Savid to B. 17/168 Bluddisten Compared Clayton, Strel, Bort, Del. 

MAKTLAND STATE DEPARTMENT OF HEALTH 12895 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 1. DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR (Type ar print) J. MAY, Sr. PERCY Sept 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS Male White lost birthday) MDNTHS I DAYS Oct. 9, 1893 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED West Virginia USA Dorchester DIVORCED | WIDOWED X 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital ID. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Cambridge give street address)
Cambridge Md. Hospital Parming remove corbon 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE Maryland 13b. COUNTY Dorchester Linkwood YES NO X None signed by the ottending physician ond co burial-transit permit. Then please remov burial, cremotion, or removol, ond in ony a 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Middle May Arbelon James Wolff 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) LeCompte Funeral Service records APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter anly one cause per lipe for (a) (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave UNIVAI rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART-2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Poge 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been to Funeral Directors. 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES -21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 1968, to 1968, to 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated abave, (I)c(we) (did) (shd nat) view the bady after death. 22b. AGNATURE 22c. DATE SIGNED ATTENDING STAFF Sept. 25, 1968 DIRECTOR DEGREE Locust St., Cambridge, Md. NAME (Type) James U. Thompson, MD 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION, (County) (Stote) BULL (Specify) Sep. 26, 1968 Dorchester Memorial Park Cambridge, Maryland A FUNERAL DIRECTOR ADDRESS
LeCompte Funeral Service, Cambridge, Maryland DATE SEP 27 30M REV.

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			12896	CERTIFICATE OF DEATH	MARYLAND 21201 12907,
death.	22	1	Type or print)	Mas Owens Marphil 20. DAT	TE OF DEATH Manth 9 Day 5 Year 2b. HOUR
requires that the death certificate be executed within 24 haurs after death	the fur ages rs after	3	SEX	4. RACE S. DATE OF BIRTH / 1896	6. AGE (In years IF UNDER 14 FEAR IF UNDER 24 HRS last birthday)  YRS.  YRS.
24 haùr	d in by pers. P 72 hau	L	o. BIRTHPLACE (Stote or foreign	WIDOWED DIVORCED	y of DEATH
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ecuted	cample cample y event	070	dmission) STATE ///	136. COUNTY DOV VICINZ YES NO	le. STREET AND NUMBER
e be ex	pnysician. signed by the attending physicial and co burial-transit permit. Then please cemo burial, crematian, ar remaval, and in any		4. FATHER'S NAME First	Middle Hast 15. MOTHER'S MAIDEN NAME First	Middle Wilkey
ertificat	physici nen plec aval, ar		11/0	e war or dates of service)  Dernard Mun	why Vienna Ma
death a	rending mit. Th		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		BETWEEN ONSET AND DEATH
at the	at the c the att nsit per matian,		Conditions, if ony, which gave rise to immediate cause (o),	(b) Charles de	living flyn.
uires th	arrenaing physician. has been signed by the attending physiciath se as the burial-transit permit. Then please ih priar to burial, crematian, ar remaval, and i		stoting the underlying cause last.	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	Secret Syrs,
	arrenaing pi has been si se as the bu h priar to bu		4201		Ob. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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SICIAN	aspiral a certifica hed far it. af He		OR CONTRIBUTING CAUSE OF DE.	hiner) HOUR A.M. Manth Doy Yeor P.M. 19	City or Town Caunty State
NG PH)	er this er detacl		While Nat while at wark	e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. his haspital) attended the deceased from, 1900, ta	9/5/67,19, that (I) (we) lo
OR ATTENDING PHYSICIAN: The law	be retained by the haspital ar  DIRECTOR: After this certificate  le 3 shauld be detached far u.  ed with the State Dept. af Heali		causes stated abov	alive an, and that in (my) (aur) apinian dec ve, (1) (we) (did) (did nat) view the bady after death.	ath accurred an the date and haur and fram th
L OR A	rage 4 may be retained by the haspital at at To FUNERAL DIRECTOR: After this certificate he directar, page 3 shauld be detached far use Shauld be filed with the State Dept. af Health		22b. SIGNATURE	Men DEGREE PHYS. DIRECTOR	STAFF 22c. DATE SIGNED 68
TO HOSPITAL (	NERAL STATE PORTING PO	1		DATE / 23c. NAME OF CEMETERY OR CREMATORY 23d. 10	mbridge Md
TO H	- 1		BO BURIAL, CREMATION, 23b. DEMOVIA (Specity) 23b. 4 JUNERAL DIRECTOR	DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. TO DDRESS! 25g/REC'D BY REGISTR.	CATION (City or Town) (County) (State)  AR 25K. REGISTRAR'S SIGNATURE
	30M REV 1	8	with Shi	lloughby Best New Merke pare SEP 11	1968 Schooles Judge

MAKTLAND STATE DEPARTMENT OF HEALTH

1 1/1		MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		12897 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2908
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20, DATE KNOWN C Month	Doy Yeor 2b. HOUR
of se to	(	Type or Print) George Sylvester Markex Norris DEATH MATED Sept	. 231968LIP
delay	3. 5	4. RACE S. DATE OF BIRTH 6. AGE (in yours if UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d HOUR
P 2 4 / E		Male   White 12/25/1887   80 YRS.	Yeor 19
I, 2 m P	7a.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
		Md. Charles Co. U.S.   WIDOWED   DOT CHASCET	101
death re Pages with for		ambridge  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
h th		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	Canning
with death death		dmission) STATE Md.   13b. COUNTY   13b. COUNTY   13b. The state of th	a 04
hoors I and 2	14. [	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
	2	George W. Nerris Laurie	Hammond
hin 24 ncil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	11411/190120
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ed in in the First		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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should be executed within ?  ne word "pending" in pencil i  to the Chief Medical Examiner  burial-transit permit. File page  i in ony event within 72 hour		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
s e e	-	(c). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
ical ing ded ded		4201	
certifi orwar used mova	ATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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KAMINER: TI te the certifico ge 4 should by your files. age 3 should I cremation, or	MEDICAL	CAUSE OF DEATH P.M. 19	
3 4 5 6	2	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town	County Stote
EXAM Page 4 or your R:Page	-	AT WORK L.J AT WORK L.J	1
2 × . + 0 =	27	22o. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry death resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined manner	, ond in my opinion
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necessory, p the funeral of may be re ro FuneRAL Health prior		NAME (Type) John Mace Jr. M.D. ADDRESS(Street, city, town, or county) Cambr	ridge, Md.
the the Heal	230	BURIAL REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
	0/	Burial 9/25/68 Oxford Cemetery Oxford Talbot	
VR A15ME (5) (	24.	FUNERAL DIRECTOR  ADDRESS  ADDRESS  256. REC'D BY REGISTRAR 256. REGISTRAR'S S  Cambridge Md. 21613 DATE SFP 2 7 1968 CClien	
10M REV. 1/68		Karrett Morra & Cambridge Md. 21613 DATE SEP 27 1968 John	les Judge

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	S Col	IDENT WAS UNDESTRIBUTING CAUSE  r, notify medical a	OF DEATH exominer)	21b. TIME OF HOUR A.M. P.M.	Month Doy	Yeor 19				of injury in Port	1 or Port 2,			
	While part work	URY OCCURRED  Not while of work	100					Street or R.F.		City or Town		County		Stote
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1	30. BURIAL,	CREMATION,	23b. DATE				RY OR CREMA			OCATION (City or		(Count	,,	Stote)
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2.1.徒恐事 Navgovet to end to see by Seek and you take an temale white Darchester Cambridge Classicion Durice murthan a committee of the committee of TANK TRANSPORT STREET, 60-31 Respiratory failure Sulvery 8 Chanic Bronsitus Obstructive Emphorma 22 22 62 93 25 67 23.2c.9 = 4 X Biohard C. Aloebaum Cambidge, Md 

ed within 24 haurs after death and in any requires that the death certificate be signed by the attending physiburial-transit permit. Then phyrial, crematian, ar removal, **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld shauld be filed with the 30M REV.

22b. SIGNATURE 224 DATE SIGNED **ATTENDING** DEGREE DIRECTOR 22e.\_ADDRESS 22d./ PHYSICIAN'S NAME (Type) James U. Thompson, MD Locust Street, Cambridge, Md. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Cambridge, Maryland 1968 Dorchester Memorial Park DATE SEP 2 7 1 2Sb. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland 1968

(State)

12900	MARYLAI DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	FIMORE, MARYLAND 21201	12911
1. DECEASED-NAME Firs (Type or print)	Middle EDWARD	Lost ROGERS	20. DATE OF DEATH  SEPT 10	2b. HOUR <b>9P.</b> M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
MALE	NEGRO	03-15-94	74 YRS.	
7o. BIRTHPLACE (Stote or foreign country)  MARYLAND	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH DORCHESTER	Md.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I give street address) EASTERN SHO		IAL OCCUPATION (Kind of work done nast of working life, even if retired.)  ABORER	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceded odmission) STATE	osed lived, if institution: Residence before		13e. STREET AND NUMBER	
14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME	First Middle	Lost
ALFRED			OGERS	
160. WAS DECEASED EVER IN U.S. AF Yes, no, or unknown) (If yes give	war or dates of service)		Address	e
NO	UNKNOWI	RECORDS OF TH	E EASTER N SHORE	APPROXIMATE INTERVAL
1B. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS	nly ane cause per line far (a), (b), and (	()) + 0 0 t	- 0- 0	BETWEEN ONSET AND OFATH
140 2 MMED	IATE CAUSE (a)	estive ream	failine	andelermy
Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE O	f of a	Opan K	, 101
rise ta immediate cause (a)	(b)	2 Chillian Co	- Reun	II a dolor and
stating the underlying cause lost.	bot 10, or as a consecutive	d renal	disease	andurmine
PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
442 y chron	e pyeloneph	ites"		
190. DATE OF OPERATION 191	. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
190. DATE OF OPERATION 191		YES - NX X	*	
			er noture of injury in Part 1 or Port 2	, Item 18.)
(If either, notify medical exam	niner) P.M.	19		-
21d. INJURY OCCURRED 21 While Not while at work of wark	B. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street or R.F.D. N		County Stote
saw the deceased	his hospitol) ottended the deced alive on	1960, and that in (my) (our) of	66, to 10, 10, 1	9_6d_, that (I) (we) last dote and haur ond from the
22b. SIGNATURE	mk Ozer	DEGREE PHYS.	MED STAFE	O 10/68
22d. PHYSICIAN'S NAME (Type) FAR	JK OZER M.D.	22e. ADDRESS EASTERN S	HORE STATE HOSPI	TAL
23a. BURIAL, CREMATION, 23b		OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
Buria.		icheals	St. Micheals	
24. PUNERAL DIRECTOR	Dashiell 426 Do	SY OF STRUCTURE PATE SE	P 1 6 1968 REGISTRAR	3 SIGNATURE

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AND SOUTH MENTER	171	1000%		CERTIFICATE OF DEAT			125.121	1291	12912	
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de de		Ral	eigh :	James	See		Sept.	28 1968	3P M	
in the second	3. SE	•	4. RACE		S. DATE OF B		6. AGE (In year last, birthday)	rs IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	
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hau hau hou	7a. E	IRTHPLACE (Stote or foreign try)	7b. CITIZEN OF W	'HAT COUNTRY?	8. MARRIED   NEVER MAI	KKIEULE	NTY OF DEATH			
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ed within 24 hapletely filled in It carban papers. ent, within 72 ha		TY OR TOWN OF DEATH	, Ca	street oddress) mbridge-	STITUTION (If not in hospital Md. Hospital	during most of w	ration (kind of work) racking life, even if reti Ller	done 12b. KIND OF E INDUSTRY Gas C	USINESS OR	
E & & /5	13a. admi	USUAL RESIDENCE (Where decedesion) STATE	sed lived, if institu	tion: Residence before	13c. CITY OR TOWN	YES NO NO	13e. STREET AND NUMB			
22 dand camp remarke in any eve	14. F	ATHER'S NAME First	Middle	Lost	1S. MOTHER'S M	AIDEN NAME First	Mid		Last	
		Albert		See	E THE SE	Lillia	an	Showal	lter	
hysician en please wal, and	lóa. Y	WAS DECEASED EVER IN U.S. AR	MED FORCES? var or dates of service)	16b. SOCIAL SECURITY 167-14-3		ee 827 Pa	Addr ark Hill		Lm Pa.	
novon hen		18. CAUSE OF DEATH (Enter o	ly one rouse per l			00001		APPROXIM	ATE INTERVAL	
ath it. I		PART I. DEATH WAS CAUSI	D BY:	Vidores	inal C	ducin	m 4705		SEI AND UEATH	
de utter erm n, o		1579 IMMED	ATE CAUSE (o)	AS A CONSEQUENCE OF		CIFCISI		1101	11-11-13	
the chit point article	30	Canditians, if any, which gave		arcin	rund or	E POI	nored	5		
hat n. by t ans rem	м	rise to immediate cause (a), stating the underlying cause	DUE TO, OR	AS A CONSEQUENCE OF		/				
es t sicia ed t al-tr al, c		last.	(c)							
OR ATTENDING PHYSICIAN: The law requires that the death certified by the haspital ar attending physician.  **IRECTOR:* After this certificate has been signed by the attending byte 3 shauld be detached far use as the burial-transit permit. Then advite the State Dept. of Health priar ta burial, crematian, or removal		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE TERMINA	AL DISEASE OR CONDITIO	ON GIVEN IN PART 1(a)		1	
The law ratending has been se as the th priar ta	CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR W	HICH OPERATION WAS PE	RFORMED 20a. AUTO	OPSY?		INGS CONSIDERED IN CEI	RTIFYING	
The atternation of the property of the propert	TIFIC	9-11-68 W	Kundi	ce	YES [	) Ng/	CAUSES OF DEATH?	27.		
may be retained by the haspital ar attending RAL DIRECTOR: After this certificate has been page 3 shauld be detached far use as the be filed with the State Dept. of Health priar ta		21a. ACCIDENT WAS UNDERLY!	TH HOUR A.M.	Manth Day Year		CURRED (Enter noture	of injury in Part 1 or P	ort 2, Item 18.)		
HYSIC haspi is certi ached ept. o	MEDICAL	21d. INJURY OCCURRED 21e While Nat while	PLACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		et ar R.F.D. No.	City ar Town	County	State	
te D		at wark at work			111111111111111111111111111111111111111	7 10/5	600/15	10/8 11-1	(1) ( ) ( )	
DIN by Affe be Sta		22a. I certify that (I) (the saw the deceased of	ils haspital at	rended the deceas	ed from and that in (m		ta )en la	he date and hour	(1) <del>(we)</del> last	
TEN ined PR:	40	causes stated abov	e, (I) (we) (gld)	(did not) view the	bady after death.	ny, (aor) apiman c	icam occorrea an r	ne date and nadi t	illa mom mo	
OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the		22b-SIGNATURE	//	1 1	ATTENDI	ING - MED	STAFF -	22c. DATE SIGNED	16	
OR DIRE		Levrin	1/11	rdelle	DEGREE PHYS.	DIRECTOR	PHYS.	3050576	20	
Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached far us shauld be filed with the State Dept. of Healt		22d. PHYSICIAN'S NAME (Type) Leu	13 M.	Burde	7/e 27e. AD	THESS THEY S	t. Cim	bridge 1	ex/	
O HOSPI Page 4 n O FUNER director, shauld b	23a.	BURIAL, CREMATION, 23b.	DATE		CEMETERY OR CREMATORY		LOCATION (City or Town		(State)	
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VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR	11 (	ADDRESS		25a. REC'D BY REGIS		TRAR'S SIGNATURE		
30M REV. 1/68		1 enul	Worse of	mbridee	Md. 21613	DATE OCT	8 1968 80	harles Jus	Gel.	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12913 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR deoth. 24 haurs after death and (Type ar print) Sept HILDAH 1968 ar MEREDITH SMITH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE S. DATE OF BIRTH 3. SEX last birthday) April 16, 1893 White Female 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country Maryland Dorchester USA WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address)
Cambridge Md. Hospital during most af warking life, even if retired.) INDUSTRY Cambridge carbon Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER requires that the deoth certificate be executed admission) STATE Maryland 13b. COUNTY Dorchester Rhodesdale None YESCX NO 🗆 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Pritchett W. Meredith Willie Gore 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or unknown) LeCompte Funeral Service records 220-10-6897 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE-OF Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION, GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO F 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Caunty City ar Tawn While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased fram 8-1, 1968, ta 9-3, 1968, that (I) (we) lass saw the deceased olive an 1968, and thot in (my) (aur) opinion death accurred an the date and hour ond fram the director, page 3 should should be filed with the couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 22e. ADDRESS Wilbur N. Baumann, MD Aurora Street, Cambridge, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, 23b. DATE Sept 6, 1968 BREMOYAL (Specify) East New Market Cemetery East New Market, Maryland 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 1968 LeCompte Funeral Service, Cambridge, Maryland D&FP 10

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	12903	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH		12914
	(Type or print)	First Middle  BEPH LINCOLN  4. RACE	Last STAFFORD S. DATE OF BIRTH	2a. DATE OF DEATH Month SEPTEMBER  6. AGE (In years	2b. HOUR 1968 11:15% IF UNDER 1 YEAR IF UNDER 24 HRS.
	MALE	NEGROID	JAN. 2. 1	10st birthday) 71 YRS.	MONTHS DAYS HOURS MIN
	70. BIRTHPLACE (State or foreign cauntry)  MARYLAND	USA	8. MARRIED NEVER MARRIED NUMBER OF DIVORCED	9. COUNTY OF DEATH DORCHESTER	Md.
63	CAMBRIDGE	give street address) CAMBRIDGE	MD. HOSP. ING	L OCCUPATION (Kind of work done options of working life, even if retired.)  LABORER	12b. KIND OF BUSINESS OR INDUSTRY
9	13a. USUAL RESIDENCE (Where de admission) STATE MARYLAND	eceased lived, if institution: Residence befare 13b COUNTY DORCH ESTER		RFD #3	
1	14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F	irst Middle	Last
	LINCOLN	STAFFO			SPICER
	16o. WAS DECEASED EVER IN U.S. Yes, no ar unknawn) (If yes	s give war or dates of service)		Address	
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	While Not while		CTDRY.) 21f. LOCATION Street or R.F.D. No.		County State
7	22a. I certify that (I) saw the decease cause stated of	) (this bospital) attended the decease alive on Sept.	bady after death.	22c. C	68 , that (1) (we) last te and haur and fram the
	22d. PHYSICANUS	THE PARTY PARCOURAGE M		NED. STAFF PHYS. STAFF	eptember 12, 6
	NAME (Type)	J. EDWIN FASSETT, M		STREET, CAMBRIDGE	
	BURY (Apecify)	9/15/68	CEMETERY OR CREMATORY WESLEY		(Caunty) (State) OR. MD.
8	24. FUNERAL DIRECTOR	O THE STADERS	AIR F. HOME 250. REC'D B	y REGISTRAR 25b. REGISTRAR'S	SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

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To BIRTHAKE (Store or foreign or De CHIZEN OF WHAT COUNTRY)  A MARRIED   NEVER MARRIED   SUMMY OF BEATH    OL CITY OR TOWN OF BEATH    OL COUNTS OF BEATH    OL CITY OR TOWN OR BEATH    OL COUNTS OF BEATH    O		12905	DIVISION O	F VITAL RECORDS		RESTON STREET, E		MARYLAND 21201	120	10
3. SEX    A RACE   S. DATE OF BIRTH   A RACE (EI) years   Suppose Track   Supp			rst	Middle		Lost	2o. DA			2b. HOURA
3. SEX 4. 4. RACE   S. DATE OF BIRTH   6. AGC (IN) company   19 WORD YEAR   19 WO		(Type or print) Ruti	h	Elizabe	th	Stewart	S	ept. Month	Doy Jear	1.30
To BERNHALE Gistore or foreign    To CITIZEN OF WHAT COUNTRY?	3.	SEX	4. RACE					6. AGE (In years		IF UNDER 24 HRS.
S. MARRED   NEVER MARRED   S. COUNTY OF DEATH		Female		White		April	1.1891			noolo min
Many   Death   11   Name of Hospital or Residence   120. USUAL OCCUPATION (filling of work done   120. USUAL OCCUPATION (filling of work   120. USUAL OCCUPATION (filling occupation   120. USUAL OCCUPATION (filling occupation   120. USUAL OCCUPATION (filling occupation   120. USUAL OCCUPATION (fillin		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	☐ NEVER MARRIED ☐	9. COUNT	TY OF DEATH		
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130. DISAL RESIDENCE (Where decrosed lived, it institution: Residence before   13b. CONINTS	10.	CITY OR TOWN OF DEATH	II.	NAME OF HOSPITAL OR I' e street oddress)	NSTITUTION (If	not in hospitol 120	. USUAL OCCUPA	ATION (Kind of work do rking life, even if retire	ne 12b. KIND OF d.) INDUSTRY	BUSINESS OR
Odmission) STATE    Machine   State		Cambridge	lå	mbridge-	Maryl	and Hosp	Home	maker		
14. FATHERS NAME First   Middle   Lost   IS. MOTHERS MAIDEN NAME First   Middle   Lost			13b. COUNTY			YES FOR				
100. WAS DECEASED EVER IN U.S. ARMSO FORCES? Yes, no, or unknown)   1/4 stylew own offsets of service)   100. SOCIAL SECURITY NO.   1/7 INFORMANT   1/4 ADDRESS East Appley   1/4 ADDRESS   1/4 ADDR	-		Dorcl			ridge				
160. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT   1. I	14.				1000	S. MUTHER'S MAIDEN NA			Direction	
Yes, no, or unknown    (If yes give word and service)   Mark Tarses   W. Hurley Combate all service    Md. A.V. or Arroximate interval   Arroximate inte	14	WAS DECEASED EVER IN ILS	PMED FORCES?	MATTE	(NO 17	INFORMANT	Lizz			
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))   PART I. DEATH WAS CAUSED BY:   10	10		ve war or dates of service)	I SOCIAL SECONIT			1.0		400	
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OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Doy Yeor   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)   21f. LOCATION   Street or R.F.D. No.   City or Town   County   Stote   While   of work   of wor	2	19/1								
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Doy Yeor   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)   21f. LOCATION   Street or R.F.D. No.   City or Town   County   Stote   While   of work   of wor	ATIO	190. DATE OF OPERATION 19	9b. CONDITION FOR V	HICH OPERATION WAS F	PERFORMED	20a. AUTOPSY?			GS CONSIDERED IN C	ERTIFYING
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Doy Yeor   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)   21f. LOCATION   Street or R.F.D. No.   City or Town   County   Stote   While   of work   of wor	TE					YES N	10	LAUSES OF DEATH?		
While of work work of				OF INJURY		IOW INJURY OCCURRED	(Enter nature o	of injusy in Port 1 or Port	t 2, Item 18.)	711-26
While of work work of	DICA	(If either, notify medical exa	miner) P.A		19					
22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an coveres stated above, (I) (we) (did) (did nat) view the body after death.  22b. SIGNATORE  22c. DATE SIGNED  DEGREE PHYS.  DEGREE PHYS.  22c. ADDRESS  22c. DATE SIGNED  (County) (State)  REMOVAL Expective)  Sept. 3, 1968  East New Market Cemetery, East New Market, Md.  24. FUNERAL DIRECTOR  ADDRESS  25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	W	21d. INJURY OCCURRED 2	le. PLACE OF INJUR	( AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	FACTORY.) 21f. L	OCATION Street or R.F.	.D. No.	City or Town	County	Stote
COUPS STORE OBOVE, (I) (we) (did) (did nat) view the body after death.  22b. SIGNATORE  22c. DATE SIGNED  DEGREE PHYS.  22c. DATE SIGNED  PHYS.  22c. DATE SIGNED  22c. DATE SIGNED  PHYS.  22c. DATE SIGNED  22c. DATE SIGNED  22c. ADDRESS  22c. ADDRESS  22c. ADDRESS  23c. NAME OF CEMETERY OR CREMATORY  REMOVAL Expective  Sept. 3, 1968 East New Market Cemetery, East New Market, Md.  24. FUNERAL DIRECTOR  ADDRESS  25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		at work ot work					1	6 / 3		40. 4
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226. SIGNATORE  DEGREE PHYS.  DEGREE PHYS.  DEGREE PHYS.  DIRECTOR PHYS.  220. DATE DIRECTOR PHYS.  220. ADDRESS  220. ADDRESS  DEGREE PHYS.  DIRECTOR PHYS.  DIRECTOR PHYS.  220. DATE PHYS.  220. ADDRESS  220. ADDRESS  220. ADDRESS  220. DATE PHYS.  220. DATE PHYS.  220. ADDRESS  220. DATE PHYS.  220. ADDRESS  220. DATE PHYS.		couses stoted obc	ove. (I) (we) (did	(did nat) view the	e body after	death.	i) opiniun de	diff accorded on the	e dote ond noor	una monnine
220. PHYSICIAN'S NAME (Type)  220. ADDRESS  220. REC'D BY REGISTRAR  220. REC'D BY			1				HED	CTAFF	22c. DATE SIGNED	_
NAME (Type)  230. BURIAL, (REMATION, REMOVAL Epacity)  Sept. 3, 196  East New Market Cemetery, East New Market, Md.  24. FUNERAL DIRECTOR  ADDRESS  250. REC'D BY REGISTRAR'S SIGNATURE		1 Wino	no De	n	DEG	REE PHYS.	DIRECTOR	PHYS.	9/4/00	
230. BURIAL (REMATION, REMOVAL Specify)  230. DATE  230. NAME OF CEMETERY OR CREMATORY  230. LOCATION (City o' Town)  230. LOCATION (City o' Town)  230. DATE  230. NAME OF CEMETERY OR CREMATORY  230. NAME OF CEMETERY OR CREMATORY  230. LOCATION (City o' Town)  240. FUNERAL DIRECTOR  250. REC'D BY REGISTRAR'S SIGNATURE			1			22e. ADDRESS	/	1	Mi-	
REMOVAL (Specify) Sept. 3, 1968 East New Market Cemetery, East New Market, Md.  24. FUNERAL DIRECTOR A CONTROL ADDRESS   250. REC'D BY REGISTRAR   250. REGISTRAR'S SIGNATURE	L	NAME (Type)	//				eur	NOF	rud	
24. FUNERAL DIRECTOR A ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	23			23c. NAME O	F CEMETERY OF	R CREMATORY			(County)	
	L	2002 2002	Sept.3,							Ma
	24	FUNERAL DIRECTOR	100	- 1						

MAKILANU STATE DEPAKIMENT OF HEALTH

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		12906	DIVISION	OF VITAL RECORDS,		ESTON STREET, BAL ATE OF DEATH	TIMORE, MA	RYLAND 21201	129	17					
		CEASED-NAME Firs	LORED	Middle		Lost STUBBS	20. DATE OF <b>09</b>	DEATH Manth 30 Day		25. HOUR					
	3. SE	FEMALE	4. RACE	WHITE		01-29-05	9.40	6. AGE (In years last birthday)	SF UNDER 1 YEAR MONTHS DAYS	HOURS MIN					
	7o. B	IRTHPLACE (Stote or foreign try) MARYLAND	U.S		WIDOWED		9. COUNTY OF	DEATH ORCHESTER		N					
3		C AM BRIDGE	9	1. NAME OF HOSPITAL OR IN ive street oddress) EASTERN SHOL	RE STAT	E HOSP.	most of working	(Kind of work done life, even if retired.)	12b. KIND O INDUSTRY	BUSINESS OR					
5	13a. admi	USUAL RESIDENCE (Where decersion) STATE MARYLAN	ased lived, if ins	titution: Residence before	13c. CITY OR	OWN 13d. INSIDE CITY	LIMITS? 13e. ST	REET AND NUMBER							
		ATHER'S NAME First BATES		SMITE	Н		First HODA	Middle	EVA	Last N S					
		WAS DECEASED EVER IN U.S. AF es, no, or unknown) (If yes give	RMED FORCES? war or dates of service	16b. SOCIAL SECURITY 220-01-8		FORMANT HOSPITAL R	ECORDS	Address							
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMED	ED BY: NATE CAUSE (a) _ DUE TO, (			to, clus	mic		APPROI BETWEEN Michs	IMATE INTERVAL ONSET AND DEATH					
	NC	rise ta immediate cause (o) stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	DUE TO, (c)_	OR AS A CONSEQUENCE OF		the terminal disease of	CONDITION GIVE	N IN PART 1(a)							
2	CERTIFICATION		1	WHICH OPERATION WAS PE		20a. AUTOPSY?  YES NO 5	CAUSE	YES, WERE FINDINGS ( S OF DEATH?		ERTIFYING					
	MEDICAL CE	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, notify medical exam	ATH HOUR A	M. 1	9	W INJURY OCCURRED (En		ary in Part 1 ar Port 2,	Item 18.)						
		21d. INJURY OCCURRED 210 While Nat while at wark	e. PLACE OF INJU			ATION Street or R.F.D. N		ar Town	County	State					
3. 70 co 10. 13 dod 14 16 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							22a. I certify that (I) (t saw the deceased causes stated above 22b. SIGNATURE	his haspital) alive an SE ve (I) (we)(d	attended the deceas PT 30 id) (did nat) view the	ed fram 19_68, and bady after d	that in (my) (aur) a eath.	50, ta S pinian death		DATE SIGNED	
1		22d. PHYSICIAN'S NAME (Type) F, M	. DO1	HANGUE.	DEGRE	PHYS. 22e. ADDRESS 5 5	DIRECTOR DE	PHYS.	9-30-	-67					
	230.		. DATE 0 - 3 -	68 23c. NAME OF	CEMETERY OR C	REMATORY		ON (City or Town)	(County)	(Stote)					
	24.	FUNERAL DIRECTOR	1. 0	ADDRESS ADDRESS		2Sa. RECD	BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	edas					

MAKTLAND STATE DEPARTMENT OF HEALTH

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	10/10/2025		4-1-1		
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	Name of the second	9			***

/ 1	1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	• •
FOR STATE			2918
HEALTH DEPT.	1. D	ECEASED-NAME First Middle Last 20. DATE KNOWING Manth D	Day Year 2b. HOUR
lay is 3 ta Page Page		RUSSELL WILLIAMS DEATH MATED 7 9-1.	9- 1968 8AM
y delay and 3 PM3. Pag		Male Negro July 4-25 last birthday) MONTHS DAYS HOURS MIN. Month 9 Day 19	Year 1968 8A N
F 64	cour	BIRTHPLACE (Stote or foreign 7b. gf IZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  OU.S.A. WIDOWED DIVORCED DOTCH STEP	M
after death.  8. Give Pages 1, alang with farm with the State peleath.	(	Cambridge   give street address) Cambridge Hosp during most of warking life, even if retired.)	26. KIND OF BUSINESS OR NOUSTRY
s af	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN dmissian) STATE Md. 13b. COUNTY Dor. Vienna. 13d. INSIDE CITY LIMITS? YESXX NO 13e. STREET AND NUMBER	
24 haurs Office 19nd 2	14.1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Roberts	Last
on in an in a page of the page		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es) no for unknown) (If yes give wor or dates of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  ADDRESS  ADDRESS	
		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed, anding in Medical Exemit. Fi		PART I. DEATH WAS CAUSED BY:  Coronary occlusion	L hr.
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s certificate st., writing the farwarded ta used as a bu smaval, and ir		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certificate writing th rwarded t	No.	4201	
9 5 5 7	CERTIFICATION	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO TO
Third Third I be	MEDICAL CERTI	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item P.M. 19	
S E I	MED	21d. INJURY OCCURRED  AT WORK	Caunty State
DEPUTY DICAL EXAM cessary, please execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page calth prior to burial, crem		22a. I certify that I taok charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my apinian
ctor.		death resulted fram: Natural causes XX, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗍	
TY Dick y, please e fral director e retained (AL DIRECT		ACTUAL CHIEF MEDICAL EXAMINER COLL DAYS	
JTY Ty, F eral be r RAL price		SIGNATUREM.D. ASSISTANT MEDICAL EXAMINER	
o DEPUTY necessary, property of the funeral some be roof funeral Health price		DEPUTY MEDICAL EXAMINER LX  NAME (Type)  John Mace Jr  ADDRESS (Street, dity, dawn, or county)  Cambrid  Cambrid	0/19/68 dge.Md.
To I the	230		county (State)
	24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SMC	
VR A15ME (5)		DATE SEP 2 4 1968 / Schan	ces judge

	-	MARYLAND STATE DEPARTMENT OF HEALTH	
FOD CLATE		12903 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2010
HEALTH DEPT.		DECEASED-NAME First Middle Lost 26 DATE KNOWNED Month D	y Yeor 2b. HOUR
· 5 5 %	(1	(Type or Print) Charles Nicholas Wood  OF ESTI- DEATH MATED   9	2 1968 A
deloy and 3 M3. Pa rtmen	3. SE	Male White 2/11/1875 6. AGE (In years IF UNDER ) YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Phonth 2 Day 196	Sear 19 2d. HOUR
ny es 1, 2, a farm PM		BIRTHPLACE (State or foreign of the CITIZEN OF WHAT COUNTRY?  Never married  9. COUNTY OF DEATH WIDOWED DIVORCED DORCHESTER	M
frer deoth office Pages angwith far in the State oth.	10. C		b. KIND OF BUSINESS OR DUSTRY
s offer 18. Or with deoth.		IL USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Talbot Easton 15 Vine St.	
14 hours offine 18. s Office a a fine 18. s I ond 2 with s after deot	14. F	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle  George Wood Martha Horney	Lost
id in in or or		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (If yes give wor or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT  216-03-7417A (laribel B. Windson, Hurlock, 1	Md.
executed wit nding" in pe Medicol Exar permit. File nt within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE (AUSE (a) GENERALIZED ARTERIOSCLEROSIS WITH CORONARY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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		rise to immediate cause (o), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF	
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writing rworded rworded os o	NO	4201	
his of the, e follower rem	CERTIFICATION	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20. AUTOPSY? YES NO
Hich Table and Alberta and Alb	DICAL	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH  21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M.  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item Port 2, Item Port 3 or Port 2, Item Port 3 or Port 3 or Port 4 or Port 4 or Port 4 or Port 5 or Port 5 or Port 6 or Port 6 or Port 7 or Port 8 or Port 8 or Port 8 or Port 9 or Port 8 or Port 9 o	18.)
KAMINER: te the certi ge 4 should your files. oge 3 shou cremation,	ME	21d. INJURY OCCURRED  WHILE AT WORK AT WORK  21e. PLACE OF INJURY (At hame, farm, street, foctory, affice building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town	Caunty Stote
ICAL E) executor. Poge ed far (CTOR: Purial,		22a. I certify that I took charge of the remains described above, held an Autopsy Inspection, Inquiry, death resulted fram: Natural causes ** Accident Suicide Homicide Undetermined manner	and in my opinion
ose oin oin to		CHIEF MEDICAL EXAMINER	
Y 20 2 3 2		SIGNATURE  SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  22b. DATE SIG	3-68
	00	NAME (Type)  ADDRESS(Street, city, tawn, or county)	
07 g # 20 H	230.	Bethead 9/4/1968 Spring Hill Easton, Nd.	ounty) (Stote)
VR A15ME (5) 10M REV. 1/68	24.	MAURICE E. NEUWAM & SON, Easton, Md.   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIG	Judge

1 1	4	MARYLAND STATE DEPARTMENT OF HEALTH	
TATE	1	2903 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  120	000
	1 DE		ay Year 2b. HOUR
		ype or Print) William Earl Wright DEATH MATED 92	2 1960 1 P M
-	3. SE		2d. HOUR
	-	M 10/19/1909 34 YRS. MONTHS DAYS HOURS MIN Month 9' Doy 2	Yeor 1968 1 P. M
	7o. B	IRTHPLACE (Stote, or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  TY) MARRIED DIVORCED 1000000000000000000000000000000000000	Md.
	10.5		2b. KIND OF BUSINESS OR IDUSTRY
	13a.	USUAL RESIDENCE (Where disceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER Secretary YES NO	
/ E	14. F	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	last
-		NAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (Lyng fly war or dates of service)  APDRESS  Lyng fly war or dates of service)	Md
-		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion	Instant
		4/09 DUE TO, OR AS A CONSEQUENCE OF	
		Canditions, if any, which gave }	
		rise to immediate cause (a), (b)	
		lost.	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
		4201	
	TION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
2	CERTIFICATION	WAS PERFORMED?	YES NO X
	MEDICAL CERT	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	1 18.)
	MEC	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town	County Stote
		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my apinian
		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
		CHIEF MEDICAL EXAMINER	
		ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE	******
1		DEPUTY MEDICAL EXAMINER \$ 9/4/	68
2		NAME Mype) John Mace Jr. M.D. ADDRESS(Street, city, town, or county) Cambrid	.ge, Md.
4	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY -23d. LOCATION (City distance) (Company) (Company)	(aunty) (State)
\	.24	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIC	
1	A	uther It illought & Cast New Market DASEP 1 1 1968 goliande	o judge

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